

SUPERIOR COURT OF ARIZONA
_____ COUNTY

IN THE MATTER OF: _____,

a minor

**[Use fictitious name if petitioner
has so requested]**

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)
)

CASE NO. _____

NOTICE OF APPEAL

1. I hereby appeal from the denial of my Petition to Authorize Physician to Perform Abortion issued on _____ by Judge _____ of the _____ Superior Court.
2. I am aware that the Court will appoint an attorney to represent me, at no charge to me, if I so choose.
3. _____ I request that the Court appoint an attorney to represent me in this matter, free of charge; OR

_____ I do not request a court-appointed attorney. I have personally chosen to represent myself, and not be represented by an attorney; OR

_____ I am represented by an attorney, as follows:

Name of attorney _____
Address _____
Telephone number _____
4. I _____ will _____ will not appear at the appellate hearing _____ in person _____ by telephone. My telephone number is _____.

DATE: _____

(Petitioner's signature, using true name OR
fictitious name OR initials)